

Plan First Contraceptive Issuance Form

Please Print

Provider Name and Number: _____

Street Address: _____ **City/State:** _____ **Zip:** _____

County: _____ **Phone:** _____ **Fax:** _____

PURPOSE: This form is to be used as an inventory log for oral contraceptives issued by the enrolled Plan First provider to Plan First patients.

PROCEDURE: Record information below on each Plan First patient receiving oral contraceptives.

*** The following contraceptives are available: ***

A. ALESSE 28 day B. LO/OVRAL 28 day C. Ortho-Tri-Cyclen 28 day D. MICRONOR 28 day E. LEVLEN 28 day

F. TRI-LEVELN 28 day G. ORTHO-NOVUM 1/50 28 day H. ORTHO TRI-CYCLEN LO 28 day I. Ortho Evra Patch

MONTH/YEAR: _____

DATE OF ISSUANCE	PATIENT NAME	MEDICAID NUMBER	CONTRACEPTIVE GIVEN	AMOUNT ISSUED	ISSUED BY WHOM